

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Miller FIRST James MI E
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. **FILING PERIOD:** Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A
Principal Occupation or Profession _____
Principal Work Address _____
Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection
Position Title Rgnl Envrtl Fl Op Dir
Work Address _____
Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by James E Miller [REDACTED]

1/22/2019 1:03:50 PM

SIGNATURE

DATE

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Miller

FIRST James

MI E

NAME OF AGENCY, BOARD OR COMMISSION

Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

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4. Make and retain a completed copy of this statement.
5. **FILING PERIOD:** Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A
Principal Occupation or Profession _____
Principal Work Address _____
Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection
Position Title Rgnl Envntl Fl Op Dir
Work Address _____
Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

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Manner in which debt/liability was secured

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EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by James E Miller [REDACTED]

1/25/2018 4:08:25 PM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Miller	FIRST NAME James	MI E	SUFFIX			
02 ADDRESS office (business or governmental) or home [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.						
03 STATUS Check applicable block or blocks, more than one block may be marked, (See instructions on page 2)						
A <input type="checkbox"/> Candidate (Including write-in)		C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee		C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFIC		(Administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Rgnl Envrl Fl Op Dir B						
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)						
A Environmental Protection						
B						
06 OCCUPATION OR PROFESSION (This may be the same as block 4)		07 YEAR SEE INSTRUCTIONS		Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018		
Rgnl Envrl Fl Op Dir						
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>						
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Creditor (Name and Address) Name _____ Address _____ Interest Rate _____						
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY) Name _____ Address _____						
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source of Gift _____ Value of Gift _____ Address of Source of Gift _____ Circumstances (including description) of Gift _____						
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source (Name and Address) _____ Value _____						
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Business Entity (Name and Address) _____ Position Held (i.e., officer, director, employee, etc.) _____						
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Name and Address of Business _____ Interest Held (i.e., 5%, 10%, etc.) _____						
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Business (Name and Address) _____ Interest Held _____ Transferee (Name and Address) _____ Relationship _____ Date Transferred _____						

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by James E Miller Current Date 1/22/2019 1:03:50 PM
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Miller	FIRST NAME James	MI E	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS	Check applicable block or blocks, more than one block may be marked. (See Instructions on page 2)				
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held	
A Rgnl Envrl Fl Op Dir		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held	
B					
05 GOVERNMENTAL ENTITY	In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)				
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION	(This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS			
Rgnl Envrl Fl Op Dir		Information in Blocks 8-15 represents disclosure for the calendar year listed here.	2017		
08 REAL ESTATE INTERESTS	(See Instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>			
09 CREDITORS	(See Instructions on page 2)	If NONE, check this box. <input type="checkbox"/>			
Creditor (Name and Address)					
Name	Address	Interest Rate [REDACTED]			
10 DIRECT OR INDIRECT SOURCES OF INCOME	Including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this box. <input type="checkbox"/>	(OFFICIAL USE ONLY)		
Name	Address				
Environmental Protection	[REDACTED]				
11 GIFTS	(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>			
Source of Gift	Value of Gift				
Address of Source of Gift					
Circumstances (including description) of Gift					
12 TRANSPORTATION, LODGING, HOSPITALITY	(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>			
Source (Name and Address)	Value				
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS	(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>			
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)				
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT	(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>			
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)				
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER	(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>			
Business (Name and Address)	Interest Held				
Transferee (Name and Address)	Relationship				
Date Transferred					

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Signature Form electronically submitted by James E Miller

Current Date

1/25/2018 4:06:25 PM

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LAST NAME Gustafson

FIRST Staci

MI D

NAME OF AGENCY, BOARD OR COMMISSION

Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
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A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions

under the Governor's jurisdiction:

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

Heads of Agencies and all other Officials, Appointees and Employees

required to file this statement

Agency in which employed Environmental Protection

Position Title Envtl Prgm Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.)

in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

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N/A

Manner in which debt/liability was secured

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Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

American Red Cross
229 Elm St, Suite B
Oil City, PA 16301

Title/description of service(s)

Disaster Services Team Member

Period(s) of time during which services were, are or will be rendered

On-call throughout year

Total amount of monies, compensation, consideration received

Volunteer- [REDACTED]

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

Cottage 82 East Ave Westfield NY 14787

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Purchased cottage from family members

Acquisition:

Date(s) Acquired 06/13/2018

Name/Address of person(s)/entity(ies) from whom acquired

David Gustafson (deceased) Pittsburgh, Pa

Judy LaLande
North Fort Myers, FL

Douglas Gicquelais
Delaware

Susan Nauman
Severna Park, PA

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Purchase/Buyout of family members interests in cottage

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

SIGNATURE

DATE

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Gustafson

FIRST Staci

MI D

NAME OF AGENCY, BOARD OR COMMISSION

Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. **FILING PERIOD:** Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envrl Prgm Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

American Red Cross
229 Elm St, Suite B
Oil City, PA 16301

Title/description of service(s)

Disaster Team Member

Period(s) of time during which services were, are or will be rendered

On-call throughout year

Total amount of monies, compensation, consideration received

Volunteer- [REDACTED]

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

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N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Staci D Gustafson [REDACTED]

4/16/2018 11:51:32 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Gustafson	FIRST NAME Staci	MI D	SUFFIX												
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]										
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.															
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)															
A <input type="checkbox"/> candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	Check this block if you are amending an original filing											
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)													
04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)															
<table border="0"> <tr> <td>A Env'l Prgm Mgr</td> <td><input type="checkbox"/> seeking</td> <td><input checked="" type="checkbox"/> hold</td> <td><input type="checkbox"/> held</td> </tr> <tr> <td>B</td> <td><input type="checkbox"/> seeking</td> <td><input type="checkbox"/> hold</td> <td><input type="checkbox"/> held</td> </tr> </table>						A Env'l Prgm Mgr	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held	B	<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held		
A Env'l Prgm Mgr	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held												
B	<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held												
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)															
<table border="0"> <tr> <td>A Environmental Protection</td> <td colspan="4">Information In Blocks 8-15 represents disclosure for the calendar year listed here:</td> </tr> <tr> <td>B</td> <td colspan="4">2018</td> </tr> </table>						A Environmental Protection	Information In Blocks 8-15 represents disclosure for the calendar year listed here:				B	2018			
A Environmental Protection	Information In Blocks 8-15 represents disclosure for the calendar year listed here:														
B	2018														
06 OCCUPATION OR PROFESSION (This may be the same as block 4)															
Assistant Regional Director			07 YEAR SEE INSTRUCTIONS												
Information In Blocks 8-15 represents disclosure for the calendar year listed here:															
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>															
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>															
Creditor (Name and Address)		Address		Interest Rate											
Name [REDACTED]		Address [REDACTED]		Interest Rate [REDACTED]											
10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY)															
Name Environmental Protection		Address [REDACTED]													
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>															
Source of Gift		Value of Gift													
Address of Source of Gift		Circumstances (including description) of Gift													
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>															
Source (Name and Address)		Value													
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>															
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)													
American Red Cross 229 Elm St, Suite B Oil City, PA 16301		Disaster Services Team Member													
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>															
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)													
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>															
Business (Name and Address)		Interest Held													
Transferee (Name and Address)		Relationship													
Date Transferred															

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Staci D Gustafson Current Date 2/12/2019 12:51:42 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Bristow FIRST Geoffrey MI C
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. **FILING PERIOD:** Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

**Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

**Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Grp Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

Penncrest School district

18741 PA Rt. 198

Saegertown, PA 16433

Title/description of service(s)

Head Soccer Coach

Period(s) of time during which services were, are or will be rendered

1/1/15 to 12/31/16

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

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N/A

Nature/description of payments or proceeds (ATTACH COPIES)

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Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

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Form electronically submitted by Geoffrey C Bristow [REDACTED]

4/4/2019 7:46:31 AM

SIGNATURE

DATE

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

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LAST NAME Bristow

FIRST Geoffrey

MI C

NAME OF AGENCY, BOARD OR COMMISSION

Environmental Protection

POLICY

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- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
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A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions

under the Governor's jurisdiction:

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

Heads of Agencies and all other Officials, Appointees and Employees

required to file this statement

Agency in which employed Environmental Protection

Position Title Rgnl Pltn Prvntrn/Cmplnc Ast Mg

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

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See attachment

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

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boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

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Nature/description of transferred interest(s)

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LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

Penncrest School district

18741 PA Rt. 198

Saegertown, PA 16433

Title/description of service(s)

Head Soccer Coach

Period(s) of time during which services were, are or will be rendered

1/1/15 to 12/31/16

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Geoffrey C Bristow [REDACTED]

3/23/2018 1:40:01 PM

SIGNATURE

DATE

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Bristow	FIRST NAME Geoffrey	MI C	SUFFIX					
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]			
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.								
03 STATUS Check applicable block or blocks, more than one block may be checked. (See instructions on page 2)								
A <input type="checkbox"/> Candidate (including write-in)		C <input type="checkbox"/> Public Official (Current)		D <input checked="" type="checkbox"/> Public Employee (Current)		E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee		C <input type="checkbox"/> Public Official (Former)		D <input type="checkbox"/> Public Employee (Former)				
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)						<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Envtl Grp Mgr						<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B								
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept/agency, authority, borough, town, commission, county, school district, twp, etc.)								
A Environmental Protection								
B								
06 OCCUPATION OR PROFESSION (This may be the same as block 4)			07 YEAR SEE INSTRUCTIONS	Information in Blocks 8-15 represents disclosure for the calendar year listed here:			2018	
Energy Program Manager								
08 REAL ESTATE INTERESTS (See instructions on page 2)						If NONE, check this box. <input checked="" type="checkbox"/>		
09 CREDITORS (See instructions on page 2)						If NONE, check this box. <input checked="" type="checkbox"/>		
Creditor (Name and Address)								
Name						Address		
						Interest Rate		
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)						ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)		
Name						Address		
See attachment								
11 GIFTS (See instructions on page 2)						If NONE, check this box. <input checked="" type="checkbox"/>		
Source of Gift						Value of Gift		
Address of Source of Gift						Circumstances (including description) of Gift		
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)						If NONE, check this box. <input checked="" type="checkbox"/>		
Source (Name and Address)						Value		
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)						If NONE, check this box. <input type="checkbox"/>		
Business Entity (Name and Address)						Position Held (i.e., officer, director, employee, etc.)		
Penncrest School district 18741 PA Rt. 198 Saegertown, PA 16433						Head Soccer Coach		
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)						If NONE, check this box. <input checked="" type="checkbox"/>		
Name and Address of Business						Interest Held (i.e., 5%, 10%, etc.)		
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2)						If NONE, check this box. <input checked="" type="checkbox"/>		
Business (Name and Address)						Interest Held		
Transferee (Name and Address)						Relationship		
						Date Transferred		

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Geoffrey C Bristow Current Date 4/4/2019 7:46:31 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 DIRECT OR INDIRECT SOURCES OF INCOME - Attachment

Income Name

Environmental Protection

Penncrest School District

Address

400 Market St Harrisburg, PA 17105

Route 198 Saegertown, PA 16433

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Bristow	FIRST NAME Geoffrey	MI C	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFIC		(administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Rgnl Pltn Prvnnt/Cmplnc Ast Mg			<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B					
05 GOVERNMENTAL ENTITY In which you were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION		(This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS		
Energy Program Manager			Information in Blocks 8-15 represents disclosure for the calendar year listed here:	2017	
08 REAL ESTATE INTERESTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>			
09 CREDITORS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>			
Creditor (Name and Address)		Address	Interest Rate		
Name					
10 DIRECT OR INDIRECT SOURCES OF INCOME		including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this block. <input type="checkbox"/>	(OFFICIAL USE ONLY)	
Name		Address			
Environmental Protection		[REDACTED]			
11 GIFTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	Value of Gift		
Source of Gift					
Address of Source of Gift		Circumstances (Including description) of Gift			
12 TRANSPORTATION, LODGING, HOSPITALITY		(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>	Value	
Source (Name and Address)					
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS		(See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>		
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)			
Penncrest School district 18741 PA Rt. 198 Saegertown, PA 16433		Head Soccer Coach			
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT		(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held (i.e., 5%, 10%, etc.)	
Name and Address of Business					
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER		(See Instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held Relationship Date Transferred	
Business (Name and Address)					
Transferree (Name and Address)					

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Geoffrey C Bristow [REDACTED] Current Date 3/23/2018 1:40:01 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Dyll FIRST Darren MI S
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. **FILING PERIOD:** Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions

under the Governor's jurisdiction:

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

Heads of Agencies and all other Officials, Appointees and Employees

required to file this statement

Agency in which employed Environmental Protection

Position Title Air Qlty Dstr Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Darren S Dyll [REDACTED]

1/25/2019 1:55:21 PM

SIGNATURE

DATE

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Dyll FIRST Darren MI S
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A
Principal Occupation or Profession _____
Principal Work Address _____
Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection
Position Title Air Qlty Dstr Supv
Work Address _____
Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Darren S Dyll [REDACTED]

2/12/2018 9:05:52 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Dyll	FIRST NAME Darren	MI S	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Area Code Phone [REDACTED]			
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)			
A <input type="checkbox"/> Candidate (Including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	F <input type="checkbox"/> Check this block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)			
A Air Qlty Dstr Supv <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held B 			
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) A Environmental Protection B			
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Air Qlty Dstr Supv		07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018	
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/> Creditor (Name and Address) Name [REDACTED] Address [REDACTED] Interest Rate [REDACTED]			
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) Name Environmental Protection Address [REDACTED] ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY)			
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source of Gift [REDACTED] Value of Gift [REDACTED] Address of Source of Gift [REDACTED] Circumstances (including description) of Gift [REDACTED]			
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source (Name and Address) [REDACTED] Value [REDACTED]			
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Business Entity (Name and Address) [REDACTED] Position Held (i.e., officer, director, employee, etc.) [REDACTED]			
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Name and Address of Business [REDACTED] Interest Held (i.e., 5%, 10%, etc.) [REDACTED]			
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Business (Name and Address) [REDACTED] Interest Held [REDACTED] Transferee (Name and Address) [REDACTED] Relationship [REDACTED] Date Transferred [REDACTED]			

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa. C.S. §1109(b).

Signature Form electronically submitted by Darren S Dyll [REDACTED] Current Date 4/25/2019 1:55:21 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Dyll	FIRST NAME Darren	MI S	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (Including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	X Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFIC					
(administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held	
A Air Qlty Dstr Supv <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held					
B					
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4)		07 YEAR SEE INSTRUCTIONS			
Air Qlty Dstr Supv		Information in Blocks 8-15 represents disclosure for	2017		
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
Creditor (Name and Address)		Address		Interest Rate	
Name [REDACTED]		[REDACTED]		[REDACTED]	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY)					
Name Environmental Protection		Address [REDACTED]			
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source of Gift		Value of Gift			
Address of Source of Gift		Circumstances (including description) of Gift			
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source (Name and Address)		Value			
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)			
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)			
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business (Name and Address)		Interest Held			
Transferee (Name and Address)		Relationship			
		Date Transferred			

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 16 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Darren S Dyll [REDACTED] Current Date 2/12/2018 9:05:52 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Schwartz FIRST Ronald MI A
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. **All financial interest statements must cover the preceding calendar year (January 1 through December 31).** Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Rgnl Envnl Fl Op Dir

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

Camp property/building 113 tubbs lane Leeper, PA 16233

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired 02/01/2007

Name/Address of person(s)/entity(ies) from whom acquired

Ronald Schwartz (Father)

Manner of transfer or conveyance (Purchase, inheritance, etc.)
[REDACTED]

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Ronald A Schwartz [REDACTED]

1/22/2019 2:38:59 PM

SIGNATURE

DATE

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Schwartz FIRST Ronald MI A
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. **FILING PERIOD:** Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Rgnl Envtl Ft Op Dir

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

Camp property/building 113 tubbs lane Leeper, PA 16233

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired 02/01/2007

Name/Address of person(s)/entity(ies) from whom acquired

Ronald Schwartz (Father)

Manner of transfer or conveyance (Purchase, inheritance, etc.)
[REDACTED]

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Ronald A Schwartz [REDACTED]

1/25/2018 2:02:15 PM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Schwartz	FIRST NAME Ronald	MI A	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFIC		(administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Rgnl Envtl Fl Op Dir			<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B					
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION		(This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS		
Regional Director			Information in Blocks 8-15 represents disclosure for the calendar year listed here:	2018	
08 REAL ESTATE INTERESTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>			
09 CREDITORS (See instructions on page 2)		If NONE, check this box. <input type="checkbox"/>			
Creditor (Name and Address)					
Name		Address	Interest Rate		
See attachment					
10 DIRECT OR INDIRECT SOURCES OF INCOME		including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this box. <input type="checkbox"/>	(OFFICIAL USE ONLY)	
Name		Address			
Environmental Protection		[REDACTED]			
11 GIFTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>			
Source of Gift			Value of Gift		
Address of Source of Gift			Circumstances (including description) of Gift		
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>			
Source (Name and Address)			Value		
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>			
Business Entity (Name and Address)			Position Held (i.e., officer, director, employee, etc.)		
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>			
Name and Address of Business			Interest Held (i.e., 5%, 10%, etc.)		
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See Instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>			
Business (Name and Address)			Interest Held		
Transferee (Name and Address)			Relationship		
			Date Transferred		

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Ronald A Schwartz [REDACTED] Current Date 1/22/2019 2:38:59 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

Creditor

[REDACTED]
[REDACTED]

Address

[REDACTED]
[REDACTED]

Interest Rate

[REDACTED]
[REDACTED]

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Schwartz	FIRST NAME Ronald	MI A	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
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A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) A Rgnl Envltl Fl Op Dir		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held	
		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held	
B					
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, township, etc.) A Environmental Protection					
B		06 OCCUPATION OR PROFESSION (This may be the same as block 4) Regional Director		07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017	
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/> Creditor (Name and Address) Name _____ Address _____ Interest Rate _____ See attachment					
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) Name _____ Address _____ Environmental Protection		ONLY IF NONE, check this box. <input type="checkbox"/>		(OFFICIAL USE ONLY)	
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source of Gift		Value of Gift			
		Address of Source of Gift Circumstances (including description) of Gift			
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source (Name and Address)		Value			
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)			
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)			
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Business (Name and Address) Transferree (Name and Address)		Interest Held Relationship Date Transferred			

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Ronald A Schwartz Current Date 1/25/2018 2:02:15 PM
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

Creditor

Address

Interest Rate

[REDACTED]

[REDACTED]

[REDACTED]

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Halloran FIRST Kevin MI A
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's Jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Prgm Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Kevin A Halloran [REDACTED]

2/1/2019 8:40:43 AM

SIGNATURE

DATE

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Halloran FIRST Kevin MI A
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. **FILING PERIOD:** Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions

under the Governor's jurisdiction:

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

Heads of Agencies and all other Officials, Appointees and Employees

required to file this statement

Agency in which employed Environmental Protection

Position Title Envtl Prgm Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Kevin A Halloran [REDACTED]

1/23/2018 7:54:16 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Halloran	FIRST NAME Kevin	MI A	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS	Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)				
A <input type="checkbox"/> Candidate (Including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job title, etc.)				
A Env'l Prgm Mgr	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held	<input type="checkbox"/> seeking	<input type="checkbox"/> hold
B	<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held		
05 GOVERNMENTAL ENTITY	in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)				
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION	(This may be the same as block 4)		07 YEAR SEE INSTRUCTIONS		
Env'l Prgm Mgr			Information in Blocks 8-15 represents disclosure for the calendar year listed here:	2018	
08 REAL ESTATE INTERESTS	(See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>				
09 CREDITORS	(See instructions on page 2) If NONE, check this box. <input type="checkbox"/>				
Creditor (Name and Address)	Name	Address	Interest Rate [REDACTED]		
Name	[REDACTED]	[REDACTED]	[REDACTED]		
10 DIRECT OR INDIRECT SOURCES OF INCOME	Including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this box. <input type="checkbox"/>	(OFFICIAL USE ONLY)	
Name Environmental Protection	Address	[REDACTED]			
11 GIFTS	(See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Value of Gift		
Source of Gift					
Address of Source of Gift	Circumstances (including description) of Gift				
12 TRANSPORTATION, LODGING, HOSPITALITY	(See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Value		
Source (Name and Address)					
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS	(See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Position Held (i.e., officer, director, employee, etc.)		
Business Entity (Name and Address)					
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT	(See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Interest Held (i.e., 5%, 10%, etc.)		
Name and Address of Business					
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER	(See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Interest Held Relationship Date Transferred		
Business (Name and Address)					
Transferee (Name and Address)					

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Kevin A Halloran Current Date 2/1/2019 8:40:43 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Halloran	FIRST NAME Kevin	MI A	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)					
A Envtl Prgm Mgr		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held	
B		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held	
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4)		07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017			
Envtl Prgm Mgr					
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/> Creditor (Name and Address) Name [REDACTED] Address [REDACTED] Interest Rate [REDACTED]					
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY) Name [REDACTED] Address [REDACTED]					
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source of Gift [REDACTED] Value of Gift [REDACTED] Address of Source of Gift [REDACTED] Circumstances (including description) of Gift [REDACTED]					
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source (Name and Address) [REDACTED] Value [REDACTED]					
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Business Entity (Name and Address) [REDACTED] Position Held (i.e., officer, director, employee, etc.) [REDACTED]					
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Name and Address of Business [REDACTED] Interest Held (i.e., 5%, 10%, etc.) [REDACTED]					
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Business (Name and Address) [REDACTED] Interest Held [REDACTED] Transferee (Name and Address) [REDACTED] Relationship [REDACTED] Date Transferred [REDACTED]					

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Kevin A Halloran [REDACTED] Current Date 1/23/2018 7:54:16 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Bailey FIRST Brian MI K
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A
Principal Occupation or Profession _____
Principal Work Address _____
Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection
Position Title Envtl Prgm Mgr
Work Address _____
Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

See attachment

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Brian K Bailey

4/5/2019 8:01:10 PM

SIGNATURE

DATE

EMPLOYMENT - ATTACHMENT

Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:

Tuckahoe Fire Company
875 Cannery Road
Northumberland, PA 17801

Title/Description of service(s):

Fire Fighter - Emergency Medical Technician

Period(s) of time during which services were, are or will be rendered:

year

Total amount of monies, compensation, consideration received:

volunteer

Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:

Americus Hose Company
100 Linden Street
Sunbury, PA 17801

Title/Description of service(s):

Firefighter - Emergency Medical Technician

Period(s) of time during which services were, are or will be rendered:

year

Total amount of monies, compensation, consideration received:

volunteer

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Bailey FIRST Brian MI K
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:*

- a. Governor*
- b. Lieutenant Governor*
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants*
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction*
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction*
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act*

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. **FILING PERIOD:** Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions

under the Governor's jurisdiction:

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

Heads of Agencies and all other Officials, Appointees and Employees

required to file this statement

Agency in which employed Environmental Protection

Position Title Envnl Grp Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

See attachment

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Brian K Bailey [REDACTED]

4/25/2018 7:56:18 PM

SIGNATURE

DATE

EMPLOYMENT - ATTACHMENT

Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:

Tuckahoe Fire Company
875 Cannery Road
Northumberland, PA 17801

Title/Description of service(s):

Fire Fighter - Emergency Medical Technician

Period(s) of time during which services were, are or will be rendered:

year

Total amount of monies, compensation, consideration received:

volunteer

Name/Address of person(s), entity(ies), for whom service(s) were, are or will be rendered:

Americus Hose Company
100 Linden Street
Sunbury, PA 17801

Title/Description of service(s):

Firefighter - Emergency Medical Technician

Period(s) of time during which services were, are or will be rendered:

year

Total amount of monies, compensation, consideration received:

volunteer

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Bailey	FIRST NAME Brian	MI K	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)					
A Envil Prgm Mgr			<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
			<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B					
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4)			07 YEAR SEE INSTRUCTIONS		
Environmental Group Manager			Information in Blocks 8-15 represents disclosure for the calendar year listed here:	2018	
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
Creditor (Name and Address)			Interest Rate		
Name			Address		
See attachment					
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY)					
Name			Address		
Environmental Protection			[REDACTED]		
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source of Gift			Value of Gift		
Address of Source of Gift			Circumstances (including description) of Gift		
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source (Name and Address)			Value		
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>					
Business Entity (Name and Address)			Position Held (i.e., officer, director, employee, etc.)		
See attachment					
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Name and Address of Business			Interest Held (i.e., 5%, 10%, etc.)		
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business (Name and Address)			Interest Held		
Transferee (Name and Address)			Relationship		
			Date Transferred		

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Brian K Bailey [REDACTED] Current Date 4/5/2019 8:01:10 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

<u>Creditor</u>	<u>Address</u>	<u>Interest Rate</u>
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

SEC-1 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS - Attachment

<u>Entity</u>	<u>Position Held</u>
Tuckahoe Fire Company 875 Cannery Road Northumberland, PA 17801	Fire Fighter - Emergency Medical Technician
Americus Hose Company 100 Linden Street Sunbury, PA 17801	Firefighter - Emergency Medical Technician

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Bailey	FIRST NAME Brian	MI K	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked, (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFIC		(administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Env Grp Mgr			<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B					
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION		(This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS		
Environmental Group Manager			Information in Blocks 8-15 represents disclosure for the calendar year listed here:	2017	
08 REAL ESTATE INTERESTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>			
09 CREDITORS (See instructions on page 2)		If NONE, check this box. <input type="checkbox"/>			
Creditor (Name and Address)					
Name		Address			
See attachment		Interest Rate			
10 DIRECT OR INDIRECT SOURCES OF INCOME		including (but not limited to) all employment (See instruction on pg. 2)			
Name		ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY)			
Environmental Protection		Address			
11 GIFTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>			
Source of Gift		Value of Gift			
Address of Source of Gift		Circumstances (including description) of Gift			
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>			
Source (Name and Address)		Value			
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS		(See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)			
See attachment					
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT		(See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)			
Transferee (Name and Address)					
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business (Name and Address)		Interest Held			
Transferee (Name and Address)		Relationship			
		Date Transferred			

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Brian K Bailey Current Date 4/25/2018 7:56:18 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

<u>Creditor</u>	<u>Address</u>	<u>Interest Rate</u>
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

SEC-1 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS - Attachment

<u>Entity</u>	<u>Position Held</u>
Tuckahoe Fire Company 875 Cannery Road Northumberland, PA 17801	Fire Fighter - Emergency Medical Technician
Americus Hose Company 100 Linden Street Sunbury, PA 17801	Firefighter - Emergency Medical Technician

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Babb FIRST Brian MI T
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

**Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction.**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

**Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envnl Prgm Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Brian T Babb [REDACTED]

1/26/2019 3:06:26 PM

SIGNATURE

DATE

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Babb FIRST Brian MI T
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. **FILING PERIOD:** Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions

under the Governor's jurisdiction:

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

Heads of Agencies and all other Officials, Appointees and Employees

required to file this statement

Agency in which employed Environmental Protection

Position Title Permits Environmental Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the

Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

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Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

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N/A

Nature/description of payments or proceeds (ATTACH COPIES)

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N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Brian T Babb [REDACTED]

4/25/2018 12:44:58 PM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Babb	FIRST NAME Brian	MI T	SUFFIX				
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]		
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.							
03 STATUS Check applicable block or blocks, more than one block may be marked. (See Instructions on page 2)							
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing			
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)					
04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.) A Envtl Prgm Mgr		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held	<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B							
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)							
A Environmental Protection							
B							
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Permits Environmental Mgr		07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018					
08 REAL ESTATE INTERESTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2)		If NONE, check this box. <input type="checkbox"/>					
Creditor (Name and Address) Name [REDACTED]		Address [REDACTED]	Interest Rate [REDACTED]				
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) Name Environmental Protection		Address [REDACTED]	ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY)				
11 GIFTS (See Instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	Value of Gift				
Source of Gift		Address of Source of Gift			Circumstances (including description) of Gift		
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	Value				
Source (Name and Address)							
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>					
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)					
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>					
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)					
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>					
Business (Name and Address)		Interest Held					
Transferee (Name and Address)		Relationship					
		Date Transferred					

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Brian T Babb Current Date 1/26/2019 3:06:26 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Babb	FIRST NAME Brian	MI T	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) A Permits Environmental Mgr		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> held	<input type="checkbox"/> held	
B		<input type="checkbox"/> seeking	<input type="checkbox"/> held	<input type="checkbox"/> held	
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, court, school district, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Permits Environmental Mgr		07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017			
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/> Creditor (Name and Address) Name [REDACTED] Address [REDACTED] Interest Rate [REDACTED]					
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY) Name Environmental Protection Address					
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift					
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source (Name and Address) Value					
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)					
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)					
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Business (Name and Address) Interest Held Transferree (Name and Address) Relationship Date Transferred					

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa. C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Brian T Babb [REDACTED] Current Date 4/25/2018 12:44:58 PM
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Kresge FIRST Randall MI S
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. *The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter.*

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. *The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.*

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Prfsnl Geolgst Mgr Dep

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances _____

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred _____

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I THEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Randall S Kresge

4/23/2019 12:49:31 PM

SIGNATURE

DATE

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Kresge FIRST Randall MI S
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
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5. **FILING PERIOD:** Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions

under the Governor's jurisdiction:

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

Heads of Agencies and all other Officials, Appointees and Employees

required to file this statement

Agency in which employed Environmental Protection

Position Title Lcnsd Prfsnl Geolgst

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all Investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Randall S Kresge [REDACTED]

5/14/2018 11:32:17 AM

SIGNATURE

DATE

01 LAST NAME Kresge	FIRST NAME Randall	MI S	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	F <input type="checkbox"/> Check this block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)			
A Prfsnl Geolst Mgr Dep		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold
		<input type="checkbox"/> seeking	<input type="checkbox"/> hold
B		<input type="checkbox"/> seeking	<input type="checkbox"/> hold
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection			
B			
06 OCCUPATION OR PROFESSION (This may be the same as block 4)		07 YEAR SEE INSTRUCTIONS	
Licensed Professional Geologist		Information in Blocks 0-15 represents disclosure for the calendar year listed here: 2018	
08 REAL ESTATE INTERESTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
09 CREDITORS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Creditor (Name and Address)		Name _____ Address _____ Interest Rate _____	
Name _____		Address _____	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY)	
Name _____ Address _____ Environmental Protection [REDACTED]		[REDACTED]	
11 GIFTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift		Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)		Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)	
Name and Address		[REDACTED]	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)	
Business (Name and Address)		[REDACTED]	
Transferee (Name and Address)		Interest Held Relationship Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (Unsworn Falsification to Authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Randall S Kresge [REDACTED] Current Date 4/23/2019 12:49:31 PM
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Kresge	FIRST NAME Randall	MI S	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)					
A Lcnsd Prfsl Geolst		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held	
B		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held	
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4)			07 YEAR SEE INSTRUCTIONS		
Licensed Professional Geologist			Information in Blocks 8-15 represents disclosure for the calendar year listed here:	2017	
08 REAL ESTATE INTERESTS (See instructions on page 2)			If NONE, check this box. <input checked="" type="checkbox"/>		
09 CREDITORS (See instructions on page 2)			If NONE, check this box. <input checked="" type="checkbox"/>		
Creditor (Name and Address)					
Name			Address	Interest Rate	
10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instruction on pg. 2)			ONLY IF NONE, check this box. <input type="checkbox"/>	(OFFICIAL USE ONLY)	
Name			Address		
Environmental Protection			[REDACTED]		
11 GIFTS (See instructions on page 2)			If NONE, check this box. <input checked="" type="checkbox"/>		
Source of Gift				Value of Gift	
Address of Source of Gift			Circumstances (including description) of Gift		
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)			If NONE, check this box. <input checked="" type="checkbox"/>		
Source (Name and Address)				Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)			If NONE, check this box. <input checked="" type="checkbox"/>		
Business Entity (Name and Address)				Position Held (i.e., officer, director, employee, etc.)	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)			If NONE, check this box. <input checked="" type="checkbox"/>		
Name and Address of Business				Interest Held (i.e., 5%, 10%, etc.)	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)			If NONE, check this box. <input checked="" type="checkbox"/>		
Business (Name and Address)				Interest Held	
Transferee (Name and Address)				Relationship	
				Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Randall S Kresge [REDACTED] Current Date 5/14/2018 11:32:17 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Willey FIRST Rick MI L
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year(January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction.**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Oil Gas Insp Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Rick L Willey

2/21/2019 6:35:34 AM

SIGNATURE

DATE

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Willey FIRST Rick MI L
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. **FILING PERIOD:** Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions

under the Governor's jurisdiction:

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

Heads of Agencies and all other Officials, Appointees and Employees

required to file this statement

Agency in which employed Environmental Protection

Position Title Oil Gas Insp

Work Address [REDACTED]

Work Telephone Number [REDACTED]

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies) [REDACTED]

Nature/description of interest(s), including conditions and encumbrances [REDACTED]

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred [REDACTED]

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Rick L Willey [REDACTED]

1/25/2018 9:41:17 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Willey	FIRST NAME Rick	MI L	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Area Code Phone [REDACTED]			
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	F <input type="checkbox"/> Check this block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)			
A Oil Gas Insp Supv <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held B			
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection B			
06 OCCUPATION OR PROFESSION (This may be the same as block 4)		07 YEAR SEE INSTRUCTIONS	Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018
Oil & Gas Inspector Supervisor			
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Creditor (Name and Address) Name [REDACTED]		Address [REDACTED]	Interest Rate [REDACTED]
10 DIRECT OR INDIRECT SOURCES OF INCOME Including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY)			
Name Environmental Protection		Address [REDACTED]	
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source of Gift		Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source (Name and Address)		Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Business (Name and Address)		Interest Held	
Transferee (Name and Address)		Relationship	
		Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Rick L Wiley Current Date 2/21/2019 8:35:34 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Willey	FIRST NAME Rick	MI L	SUFFIX
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04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)			
A Oil Gas Insp		<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held	<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held
B			
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept., agency, authority, borough, board, commission, county, school district, twp., etc.)			
A Environmental Protection			
B			
06 OCCUPATION OR PROFESSION (This may be the same as block 4)		07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here:	2017
Oil & Gas Inspector			
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Creditor (Name and Address) Name [REDACTED]		Address [REDACTED]	Interest Rate [REDACTED]
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY)			
Name Environmental Protection		Address [REDACTED]	
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source of Gift		Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
Source (Name and Address)		Value	
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Business (Name and Address)		Interest Held	
Transferee (Name and Address)		Relationship	
		Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Rick L Willey [REDACTED] Current Date 1/25/2018 9:41:17 AM
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Lencer FIRST Steven MI F
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions

under the Governor's jurisdiction:

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

Heads of Agencies and all other Officials, Appointees and Employees

required to file this statement

Agency in which employed Environmental Protection

Position Title Oil Gas Insp Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

FARMINGTON TWP VOLUNTEER FIRE CO
6785 Route 36
Leeper, Pa 16233

Title/description of service(s)

Asst Chief LINE OFFICER

Period(s) of time during which services were, are or will be rendered

JAN 1 TO DEC 31

Total amount of monies, compensation, consideration received

VOLUNTEER

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

RESIDENTIAL RENTAL PROPERTY 33734 RT 66 LEEPER, PA

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired 04/1/96

Name/Address of person(s)/entity(ies) from whom acquired

STEVE LENCER TO STEVE LENCER

Manner of transfer or conveyance (Purchase, inheritance, etc.)
[REDACTED]

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred
[REDACTED]

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Steven F Lencer [REDACTED]

2/19/2019 1:43:35 PM

SIGNATURE

DATE

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Lencer FIRST Steven MI F
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. **FILING PERIOD:** Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions

under the Governor's jurisdiction.

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

Heads of Agencies and all other Officials, Appointees and Employees

required to file this statement

Agency in which employed Environmental Protection

Position Title Oil Gas Insp Supv

Work Address [REDACTED]

Work Telephone Number [REDACTED]

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

FARMINGTON TWP VOLUNTEER FIRE CO

Title/description of service(s)

CAPTAIN LINE OFFICER

Period(s) of time during which services were, are or will be rendered

JAN 1 TO DEC 31

Total amount of monies, compensation, consideration received

VOLUNTEER

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

RESIDENTIAL RENTAL PROPERTY 33734 RT 66 LEEPER, PA

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired 04/1/96

Name/Address of person(s)/entity(ies) from whom acquired

STEVE LENCER TO STEVE LENCER

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

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Form electronically submitted by Steven F Lencer

4/24/2018 8:48:34 PM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Lencer	FIRST NAME Steven	MI F	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
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B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFIC		(administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Oil Gas Insp Supv			<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B					
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
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11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source of Gift		Value of Gift			
Address of Source of Gift		Circumstances (including description) of Gift			
12 TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address)		(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>	Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address) FARMINGTON TWP VOLUNTEER FIRE CO 6785 Route 36 Leeper, Pa 16233		(See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>	Position Held (i.e., officer, director, employee, etc.) Asst Chief LINE OFFICER	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Name and Address of Business		(See instructions on page 2)	If NDNE, check this box. <input checked="" type="checkbox"/>	Interest Held (i.e., 5%, 10%, etc.)	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address) Transferee (Name and Address)		(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held Relationship Date Transferred	

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Signature Form electronically submitted by Steven F Lencer Current Date 2/19/2019 1:43:35 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Lencer	FIRST NAME Steven	MI F	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]		City [REDACTED]	State [REDACTED] Zip Code [REDACTED] Area Code [REDACTED] Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
03 STATUS Check applicable block or blocks, more than one block may be marked, (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	F <input type="checkbox"/> Check this block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held	
A Oil Gas Insp Supv		<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held	
B			
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection			
B			
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Oil and Gas Inspector Supervis		07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017	
08 REAL ESTATE INTERESTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
09 CREDITORS (See instructions on page 2)		If NONE, check this box. <input type="checkbox"/>	
Creditor (Name and Address) Name See attachment		Address Interest Rate	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) Name Environmental protection		ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY)	
11 GIFTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift		Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)		Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)		If NONE, check this box. <input type="checkbox"/>	
Business Entity (Name and Address) FARMINGTON TWP VOLUNTEER FIRE CO		Position Held (i.e., officer, director, employee, etc.) CAPTAIN LINE OFFICER	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)		Interest Held Relationship Date Transferred	
Transferee (Name and Address)			

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Steven F Lencer Current Date 4/24/2018 8:48:34 PM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

Creditor

Address

Interest Rate

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Neville FIRST Richard MI L
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions

under the Governor's jurisdiction:

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

Heads of Agencies and all other Officials, Appointees and Employees

required to file this statement

Agency in which employed Environmental Protection

Position Title Envtl Prgm Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

- List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

Land Evaluation Services, LLC
22250 Shartle Road
Meadville, PA 16335

Title/description of service(s)

Real estate transactions-property evaluations

Period(s) of time during which services were, are or will be rendered

1/1/2011-1/1/2012

Total amount of monies, compensation, consideration received

Not active in 2018

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired _____

Name/Address of person(s)/entity(ies) from whom acquired _____

Manner of transfer or conveyance (Purchase, inheritance, etc.) _____

Transfers:

Name, nature/description and mailing address of property interest(s) _____

N/A _____

Consideration or amount received (Dollar value or payment in kind) _____

Name and address of person(s)/entity(ies) to whom transferred _____

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds _____

N/A _____

Nature/description of payments or proceeds (ATTACH COPIES) _____

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A _____

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received _____

Nature and value of gift(s) _____

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Richard L Neville [REDACTED]

3/21/2019 11:44:36 AM

SIGNATURE

DATE

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Neville FIRST Richard MI L
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction.**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Envtl Grp Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

[REDACTED]

[REDACTED]

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

[REDACTED]

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

[REDACTED]

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

[REDACTED]

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

Land Evaluation Services, LLC
22250 Shartle Road
Meadville, PA 16335

Title/description of service(s)

Real estate transactions-property evaluations

Period(s) of time during which services were, are or will be rendered

1/1/2011-1/1/2012

Total amount of monies, compensation, consideration received

Not active in 2017

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired _____

Name/Address of person(s)/entity(ies) from whom acquired _____

Manner of transfer or conveyance (Purchase, inheritance, etc.) _____

Transfers:

Name, nature/description and mailing address of property interest(s) _____

N/A _____

Consideration or amount received (Dollar value or payment in kind) _____

Name and address of person(s)/entity(ies) to whom transferred _____

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds _____

N/A _____

Nature/description of payments or proceeds (ATTACH COPIES) _____

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A _____

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received _____

Nature and value of gift(s) _____

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Richard L Neville _____

2/12/2018 7:02:07 AM

SIGNATURE

DATE

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Neville	FIRST NAME Richard	MI L	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Area Code Phone [REDACTED]			
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
03 STATUS Check applicable block or blocks, more than one block may be marked. (See Instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	F <input type="checkbox"/> Check this block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC		(administrator, member, Commissioner, job title, etc.)	
A Envtl Prgm Mgr		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold
		<input type="checkbox"/> seeking	<input type="checkbox"/> hold
		<input type="checkbox"/> held	
B			
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection			
B			
06 OCCUPATION OR PROFESSION (This may be the same as block 4)		07 YEAR SEE INSTRUCTIONS	
Environmental Program Manager		Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018	
08 REAL ESTATE INTERESTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
09 CREDITORS (See instructions on page 2)		If NONE, check this box. <input type="checkbox"/>	
Creditor (Name and Address)		Name Address Interest Rate	
Name		Address	
See attachment			
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY)	
Name		Address	
Environmental Protection		[REDACTED]	
11 GIFTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift		Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)		Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)		If NONE, check this box. <input type="checkbox"/>	
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)	
Land Evaluation Services, LLC		Real estate transactions-property evaluations	
22250 Shartle Road			
Meadville, PA 16335			
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)		If NONE, check this box. <input type="checkbox"/>	
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)	
[REDACTED]		[REDACTED]	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)		Interest Held	
Transferee (Name and Address)		Relationship	
		Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Richard L Neville [REDACTED] Current Date 3/21/2019 11:44:36 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED, MAKE A COPY FOR YOUR RECORDS.

SEC-1 CREDITORS - Attachment

<u>Creditor</u>	<u>Address</u>	<u>Interest Rate</u>
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Neville	FIRST NAME Richard	MI L	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFIC		(administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Env'l Grp Mgr			<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B					
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g. dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION		(This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS		
Environmental Group Manager			Information in Blocks 8-15 represents disclosure for the calendar year listed here:	2017	
08 REAL ESTATE INTERESTS		(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>		
09 CREDITORS		(See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>		
Creditor (Name and Address)		Name	Address	Interest Rate	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	
10 DIRECT OR INDIRECT SOURCES OF INCOME		Including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this box. <input type="checkbox"/>	(OFFICIAL USE ONLY)	
Name		Address	[REDACTED]	[REDACTED]	
Environmental Protection		[REDACTED]	[REDACTED]	[REDACTED]	
11 GIFTS		(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>		
Source of Gift				Value of Gift	
Address of Source of Gift				Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY		(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>		
Source (Name and Address)				Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS		(See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>		
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)			
Land Evaluation Services, LLC 2250 Sharle Road Meadville, PA 16335		Real estate transactions-property evaluations			
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT		(See Instructions on page 2)	If NONE, check this box. <input type="checkbox"/>		
Name and Address of Business				Interest Held (i.e., 5%, 10%, etc.)	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER		(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>		
Business (Name and Address)		Interest Held			
Transferee (Name and Address)		Relationship			
		Date Transferred			

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 55 Pa.C.S. §1109(b).

Signature Form electronically submitted by Richard L Neville [REDACTED] Current Date 2/12/2018 7:02:07 AM
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETE. MAKE A COPY FOR YOUR RECORDS.

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Dudzic FIRST Scott MI M
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction.

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement

Agency in which employed Environmental Protection

Position Title Envnl Grp Mgr

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired _____

Name/Address of person(s)/entity(ies) from whom acquired _____

Manner of transfer or conveyance (Purchase, inheritance, etc.) _____

Transfers:

Name, nature/description and mailing address of property interest(s) _____

N/A _____

Consideration or amount received (Dollar value or payment in kind) _____

Name and address of person(s)/entity(ies) to whom transferred _____

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds _____

N/A _____

Nature/description of payments or proceeds (ATTACH COPIES) _____

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A _____

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received _____

Nature and value of gift(s) _____

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Scott M Dudzic _____

1/22/2019 8:24:03 AM

SIGNATURE

DATE

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Dudzic FIRST Scott MI M
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. **FILING PERIOD:** Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A
Principal Occupation or Profession _____
Principal Work Address _____
Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection
Position Title Envtl Grp Mgr
Work Address _____
Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired _____

Name/Address of person(s)/entity(ies) from whom acquired _____

Manner of transfer or conveyance (Purchase, inheritance, etc.) _____

Transfers:

Name, nature/description and mailing address of property interest(s) _____

N/A _____

Consideration or amount received (Dollar value or payment in kind) _____

Name and address of person(s)/entity(ies) to whom transferred _____

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds _____

N/A _____

Nature/description of payments or proceeds (ATTACH COPIES) _____

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A _____

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received _____

Nature and value of gift(s) _____

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 26, 1987 AND MAY 09, 2007.

Form electronically submitted by Scott M Dudzic [REDACTED]

4/4/2018 7:28:46 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Dudzic	FIRST NAME Scott	MI M	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Area Code Phone [REDACTED]			
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	F <input type="checkbox"/> Check this block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)			
A Envtl Grp Mgr		<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held	<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held
B			
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection			
B			
06 OCCUPATION OR PROFESSION (This may be the same as block 4)		07 YEAR SEE INSTRUCTIONS	
Envtl Grp Mgr		Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018	
08 REAL ESTATE INTERESTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
09 CREDITORS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Creditor (Name and Address)		Interest Rate	
Name		Address	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2)		ONLY IF NONE, check this block. <input type="checkbox"/> (OFFICIAL USE ONLY)	
Name		Address	
Environmental Protection		[REDACTED]	
11 GIFTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift		Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)		Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)		Interest Held	
Transferee (Name and Address)		Relationship	
		Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Scott M Dudzic Current Date 1/22/2019 8:24:03 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Dudzic	FIRST NAME Scott	MI M	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (Including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.)					
A Envtl Grp Mgr			<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
B			<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)					
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION (This may be the same as block 4)			07 YEAR SEE INSTRUCTIONS	Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017	
Envtl Grp Mgr					
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Creditor (Name and Address)			Interest Rate		
Name			Address		
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY)					
Name			Address		
Environmental Protection			[REDACTED]		
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source of Gift			Value of Gift		
Address of Source of Gift			Circumstances (including description) of Gift		
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Source (Name and Address)			Value		
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business Entity (Name and Address)			Position Held (i.e., officer, director, employee, etc.)		
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Name and Address of Business			Interest Held (i.e., 5%, 10%, etc.)		
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					
Business (Name and Address)			Interest Held		
Transferee (Name and Address)			Relationship		
			Date Transferred		

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Scott M Dudzic Current Date 4/4/2018 7:28:46 AM
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2019
**CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR**

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Lux FIRST John MI S
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. **FILING PERIOD:** Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

**Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

**Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Wtr Qlty Spcst Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred Interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by John S Lux

1/22/2019 8:58:04 AM

SIGNATURE

DATE

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Lux FIRST John MI S
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. **FILING PERIOD:** Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions

under the Governor's jurisdiction:

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

Heads of Agencies and all other Officials, Appointees and Employees

required to file this statement

Agency in which employed Environmental Protection

Position Title Wtr Qlty Spcst Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

See attachment

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by John S Lux [REDACTED]

4/30/2018 9:32:25 AM

SIGNATURE

DATE

PERSONAL ECONOMIC INTEREST - ATTACHMENT

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

Name/Address of principal office of the business entity(ies):

[REDACTED]

Nature/description of interest(s), including conditions and encumbrances:

[REDACTED]

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Lux	FIRST NAME John	MI S	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)			
A <input type="checkbox"/> Candidate (Including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	F <input type="checkbox"/> Check this block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC (administrator, member, Commissioner, job title, etc.) A Wtr Qlty Spcst Supv	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
	<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B			
05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) A Environmental Protection			
B			
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Water Quality Specialist Super	07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018		
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
09 CREDITORS (See instructions on page 2) Creditor (Name and Address) Name [REDACTED]	Address [REDACTED]	Interest Rela [REDACTED]	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) Name Environmental Protection	Address [REDACTED]	ONLY IF NONE, check this box. <input type="checkbox"/>	(OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) Source of Gift	<input type="checkbox"/> IF NONE, check this box. <input checked="" type="checkbox"/>	Value of Gift	
Address of Source of Gift	Circumstances (Including description) of Gift		
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) Source (Name and Address)	If NONE, check this box. <input checked="" type="checkbox"/> Value		
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) Business Entity (Name and Address)	If NONE, check this box. <input checked="" type="checkbox"/> Position Held (i.e., officer, director, employee, etc.)		
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See Instructions on page 2) Name and Address of Business	If NONE, check this box. <input checked="" type="checkbox"/> Interest Held (i.e., 5%, 10%, etc.)		
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) Business (Name and Address) Transferree (Name and Address)	If NONE, check this box. <input checked="" type="checkbox"/> Interest Held Relationship Date Transferred		

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by John S Lux [REDACTED] Current Date 1/22/2019 8:58:04 AM
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Lux	FIRST NAME John	MI S	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Area Code Phone [REDACTED]			
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
03 STATUS Check applicable block or blocks, more than one block may be marked, (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	F <input type="checkbox"/> Check this block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC [REDACTED] (administrator, member, Commissioner, job title, etc.)			
[REDACTED] seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
A Wtr Qlty Spcst Supv [REDACTED] seeking <input type="checkbox"/> hold <input type="checkbox"/> held			
B			
05 GOVERNMENTAL ENTITY [REDACTED] in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection			
B			
06 OCCUPATION OR PROFESSION [REDACTED] (This may be the same as block 4)		07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017	
Water Quality Specialist Super			
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Creditor (Name and Address) Name [REDACTED] Address [REDACTED] Interest Rate [REDACTED]			
10 DIRECT OR INDIRECT SOURCES OF INCOME [REDACTED] Including (but not limited to) all employment. (See instruction on pg. 2) ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY) Name [REDACTED] Address [REDACTED]			
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source of Gift [REDACTED] Value of Gift [REDACTED] Address of Source of Gift [REDACTED] Circumstances (including description) of Gift [REDACTED]			
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source (Name and Address) [REDACTED] Value [REDACTED]			
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Business Entity (Name and Address) [REDACTED] Position Held (i.e., officer, director, employee, etc.) [REDACTED]			
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Name and Address of Business [REDACTED] Interest Held (i.e., 5%, 10%, etc.) [REDACTED]			
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Business (Name and Address) Transferree (Name and Address) [REDACTED] Interest Held Relationship Date Transferred			

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by John S Lux [REDACTED] Current Date 4/30/2018 9:32:25 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Meyer FIRST Chad MI A
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

A. To be completed by

Chairpersons and Members of Compensated Boards and Commissions

under the Governor's jurisdiction:

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

B. To be completed by

Heads of Agencies and all other Officials, Appointees and Employees

required to file this statement

Agency in which employed Environmental Protection

Position Title Wtr Qlty Spcst Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

4.12 acre vacant field.

Control # 06-0-042288 154 State Route 1032, Templeton, PA 16259

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired 4/22/17

Name/Address of person(s)/entity(ies) from whom acquired

**Robert Meyer
122 State Route 1031
Templeton, PA 16259**

Manner of transfer or conveyance (Purchase, inheritance, etc.)
[REDACTED]

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Chad A Meyer [REDACTED]

2/12/2019 3:25:34 PM

SIGNATURE

DATE

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Meyer

FIRST Chad

MI A

NAME OF AGENCY, BOARD OR COMMISSION

Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Wtr Qlty Spcst Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances _____

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred _____

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

N/A

Title/description of service(s)

Period(s) of time during which services were, are or will be rendered

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

4.12 acre vacant field.

Control # 06-0-042288 154 State Route 1032, Templeton, PA 16259

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired 4/22/17

Name/Address of person(s)/entity(ies) from whom acquired

Robert Meyer
122 State Route 1031
Templeton, PA 16259

Manner of transfer or conveyance (Purchase, inheritance, etc.)
[REDACTED]

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Chad A Meyer [REDACTED]

3/8/2018 10:51:23 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Meyer	FIRST NAME Chad	MI A	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in) C <input type="checkbox"/> Public Official (Current) B <input type="checkbox"/> Nominee D <input type="checkbox"/> Public Official (Former)		D <input checked="" type="checkbox"/> Public Employee (Current) E <input type="checkbox"/> Check this block if you are filing as a solicitor D <input type="checkbox"/> Public Employee (Former) F <input type="checkbox"/> Check this block if you are amending an original filing	
04 PUBLIC POSITION OR PUBLIC OFFIC [REDACTED] (administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
A Wtr Qlty Spcst Supv B			
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.) A Environmental Protection B			
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Water Quality Specialist Spvr		07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2018	
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			
09 CREDITORS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/> Creditor (Name and Address) Name [REDACTED] Address [REDACTED] Interest Rate [REDACTED] See attachment			
10 DIRECT OR INDIRECT SOURCES OF INCOME Name [REDACTED] Address [REDACTED] Environmental Protection [REDACTED]		including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source of Gift [REDACTED]		Value of Gift [REDACTED]	Address of Source of Gift [REDACTED] Circumstances (including description) of Gift [REDACTED]
12 TRANSPORTATION, LODGING, HOSPITALITY Source (Name and Address) [REDACTED]		If NONE, check this box. <input checked="" type="checkbox"/>	Value [REDACTED]
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS Business Entity (Name and Address) [REDACTED]		(See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Position Held (i.e., officer, director, employee, etc.) [REDACTED]
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT Name and Address of Business [REDACTED]		(See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held (i.e., 5%, 10%, etc.) [REDACTED]
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER Business (Name and Address) [REDACTED] Transferree (Name and Address) [REDACTED]		(See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held [REDACTED] Relationship [REDACTED] Date Transferred [REDACTED]

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Chad A Meyer Current Date 2/12/2019 3:25:34 PM
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

RECORDS.
(3)

SEC-1 CREDITORS - Attachment

<u>Creditor</u>	<u>Address</u>	<u>Interest Rate</u>
[REDACTED]	[REDACTED]	[REDACTED]

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Meyer	FIRST NAME Chad	MI A	SUFFIX
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Area Code Phone [REDACTED]			
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.			
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)			
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	O <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	F <input type="checkbox"/> Check this block if you are amending an original filing
04 PUBLIC POSITION OR PUBLIC OFFIC [REDACTED] (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold
		<input type="checkbox"/> held	
A Wtr Qlty Spcst Supv		<input type="checkbox"/> seeking	<input type="checkbox"/> hold
		<input type="checkbox"/> held	
B			
05 GOVERNMENTAL ENTITY In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection			
B			
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Water Quality Specialist Spvr		07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017	
08 REAL ESTATE INTERESTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
09 CREDITORS (See instructions on page 2)		If NONE, check this box. <input type="checkbox"/>	
Creditor (Name and Address) Name		Address	Interest Rate
See attachment			
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instruction on pg. 2) Name Environmental Protection		Address [REDACTED]	ONLY IF NONE, check this box. <input type="checkbox"/> (OFFICIAL USE ONLY)
11 GIFTS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Source of Gift		Value of Gift	
Address of Source of Gift		Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Source (Name and Address)		Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Business Entity (Name and Address)		Position Held (i.e., officer, director, employee, etc.)	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Name and Address of Business		Interest Held (i.e., 5%, 10%, etc.)	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2)		If NONE, check this box. <input checked="" type="checkbox"/>	
Business (Name and Address)		Interest Held	
Transferee (Name and Address)		Relationship	
		Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Chad A Meyer Current Date 3/8/2018 10:51:23 AM
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SEC-1 CREDITORS - Attachment

<u>Creditor</u>	<u>Address</u>	<u>Interest Rate</u>
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

2019
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2018 FILING YEAR

THIS FINANCIAL INTEREST STATEMENT IS REQUIRED UNDER THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007. ADDITIONALLY, THIS STATEMENT SATISFIES THE FILING REQUIREMENTS UNDER THE PENNSYLVANIA LIQUOR CONTROL BOARD CODE OF CONDUCT. IT IS NOT TO BE CONFUSED WITH ANY FINANCIAL INTEREST STATEMENT COMPLETED AND SUBMITTED UNDER THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT.

LAST NAME Sheriff FIRST Richard MI A
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

1. Statements of Financial Interest. The following officials, appointees and employees of the Commonwealth shall file a statement of financial interest with the personnel office of the respective department, agency, board or commission or other office as designated hereafter:

- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

2. Additional Filings. The Governor may require other officials, appointees and employees in the Executive Branch to file financial interest statements.

Officials, appointees and employees required to file this financial interest statement shall do so within 30 days of the date they assume office and shall file a financial interest statement on May 1 of each year thereafter for the duration of their employment

or term of office. All financial interest statements must cover the preceding calendar year (January 1 through December 31). Persons who are required to file this financial interest statement and fail to do so will be subject to disciplinary action including discharge or removal from office.

Financial disclosure is required only for the individual completing this statement.

INSTRUCTIONS FOR COMPLETING THIS STATEMENT

1. Review entire form before completing any items.
2. Complete all sections, indicating NONE or N/A where applicable. The information is to be typewritten or completed in print, using a ballpoint pen.
3. If additional space is necessary, provide information in same format on 8 1/2 X 11 sheet(s) and securely attach to this form.
4. Make and retain a completed copy of this statement.
5. FILING PERIOD: Information requested is to cover the preceding calendar year.
6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the HR Service Center, PO Box 824, Harrisburg, PA 17108-0824. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the HR Service Center, PO Box 824, Harrisburg PA 17108-0824. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A

Principal Occupation or Profession _____

Principal Work Address _____

Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection

Position Title Wtr Qlty Spcst Supv

Work Address _____

Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

The Harbor Free Methodist Church
135 Conewango Ave.
Warren, PA 16365

Title/description of service(s)

Lead Pastor

Period(s) of time during which services were, are or will be rendered

1/1/2018 through 12/31/2018

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Richard A Sheriff [REDACTED]

2/4/2019 8:03:12 AM

SIGNATURE

DATE

2018
CODE OF CONDUCT
STATEMENT OF FINANCIAL INTEREST
FOR 2017 FILING YEAR

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LAST NAME Sheriff FIRST Richard MI A
NAME OF AGENCY, BOARD OR COMMISSION Environmental Protection

POLICY

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- a. Governor
- b. Lieutenant Governor
- c. Heads of agencies and departments, their respective deputy secretaries, all Commonwealth officials or employees at the level of division chief and above, and all attorneys, press secretaries, legislative liaisons, and executive and special assistants
- d. Chairpersons and members of compensated boards and commissions under the Governor's jurisdiction
- e. Executive directors, counsel, and administrative secretaries of compensated boards and commissions under the Governor's jurisdiction
- f. Employees of all classes required by the Office of Administration to file financial disclosure under The Public Official and Employee Ethics Act

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6. Individuals required to complete this form are to file as follows: a.) Heads of agencies are to file with the Secretary of Administration, Room 207 Finance Building, Harrisburg, PA 17120. b.) Chairpersons and Members of Compensated Boards and Commissions are to file with the Governor's Office 508 E Floor, Main Capitol Building, Harrisburg PA 17120. c.) All other officials, appointees, and employees are to file with their central agency Human Resource Office.

**A. To be completed by
Chairpersons and Members of Compensated Boards and Commissions
under the Governor's jurisdiction:**

Name of Board or Commission N/A
Principal Occupation or Profession _____
Principal Work Address _____
Business Telephone Number _____

**B. To be completed by
Heads of Agencies and all other Officials, Appointees and Employees
required to file this statement**

Agency in which employed Environmental Protection
Position Title Wtr Qlty Spct Supv
Work Address _____
Work Telephone Number _____

PERSONAL ECONOMIC INTEREST

List all investments (including but not limited to stocks, notes, bonds, consulting arrangements, etc.) in any in-state or out-of-state business entity held during the preceding calendar year, whether or not such entity is involved in any transaction involving the Commonwealth. Exclude any items reported under Real Property Interests.

Name/address of principal office of the business entity(ies)

N/A

Nature/description of interest(s), including conditions and encumbrances

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

BUSINESS INTERESTS

List all interests (including but not limited to stocks, notes, bonds, partnerships, sole and/or joint proprietorship/ownership, etc.) in any business entity or not-for-profit entity held during the preceding calendar year and doing business with the Commonwealth (if known). "Interests" shall include not only personal financial interest, but also non-paid memberships on

boards of directors of business entities or not-for-profit entities.

Name/address of the principal office of the business(es) and/or non-profit entity(ies)

N/A

Nature and dollar value of interest(s), including any liens, encumbrances, etc.

Transfers:

Nature/description of transferred interest(s)

N/A

Name/address of person(s)/entity(ies) to whom transferred

LIABILITIES

List all liabilities or debts owed to any person, entity, or institution during the preceding calendar year. Exclude retail credit accounts, commercial banks, savings and loans and finance company loans.

Name/address of person(s), entity(ies), institution(s) to whom liability or debt was owed

N/A

Manner in which debt/liability was secured

Amount of debt(s)/liability(ies) and terms of payment

EMPLOYMENT

List all payments, compensation, or consideration of any nature (including but not limited to salaried employment, consultant fees, offices, directorships, honoraria, travel/related expenses and other fees, etc.) earned during the preceding calendar year. Exclude Commonwealth employment listed on Page 2.

Name/address of person(s), entity(ies), for whom service(s) were, are or will be rendered

The Harbor Free Methodist Church
135 Conewango Ave.
Warren, PA 16365

Title/description of service(s)

Lead Pastor

Period(s) of time during which services were, are or will be rendered

1/1/2017 through 12/31/2017

Total amount of monies, compensation, consideration received

REAL PROPERTY INTERESTS

List all in-state and out-of-state real estate property interests including revenue producing leased facilities and interests in gas, oil, coal or other mineral royalty producing interest held during the preceding calendar year. Exclude principal residence.

Name, nature/description and mailing address of real estate property interest(s)

N/A

Nature and extent of interest(s), including any conditions or encumbrances, and any partners in the interest

Acquisition:

Date(s) Acquired

Name/Address of person(s)/entity(ies) from whom acquired

Manner of transfer or conveyance (Purchase, inheritance, etc.)

Transfers:

Name, nature/description and mailing address of property interest(s)

N/A

Consideration or amount received (Dollar value or payment in kind)

Name and address of person(s)/entity(ies) to whom transferred

SEVERANCE PAYMENTS

List any severance payments received or to be received, or any proceeds received or to be received from the sale or redemption of interest in any corporation (which represents 5% or more of the common stock or assets of the corporation), professional corporation, partnership, or other entity, which payments or proceeds result from the termination of employment or withdrawal from a corporation, professional corporation, partnership, or other entity upon the assumption of public office. Attach to this statement a copy(ies) of any agreement(s) relating to receipt of such severance payments or proceeds.

Source(s) of any severance payments or proceeds

N/A

Nature/description of payments or proceeds (ATTACH COPIES)

In the event that a severance arrangement or sale or redemption of any interest specified above is concluded more than 30 days following the date of assuming office or position, a supplement to this statement shall be filed within 10 calendar days following the conclusion of the transaction. Such supplement shall disclose any payments or proceeds received or to be received and the filing of any agreements relating to such payments or proceeds.

GIFTS

List all gifts of value in excess of \$100, including the forgiveness of a debt received during the preceding calendar year. For the purpose of this section, payment or reimbursement for transportation, lodging or hospitality that exceeds \$100 shall be disclosed as a gift. Gifts received from family members need not be disclosed in this section.

N/A

Name/Address of the person(s)/entity(ies) from whom or on behalf of whom the gift was directly or indirectly received

Nature and value of gift(s)

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND IS PROVIDED IN COMPLIANCE WITH THE GOVERNOR'S CODE OF CONDUCT PROMULGATED BY EXECUTIVE ORDER 1980-18 DATED MAY 16, 1984, AS AMENDED SEPTEMBER 28, 1987 AND MAY 09, 2007.

Form electronically submitted by Richard A Sheriff [REDACTED]

1/24/2018 8:55:01 AM

SIGNATURE

DATE

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Sheriff	FIRST NAME Richard	MI A	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS	Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)				
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	F <input type="checkbox"/> Check this block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFIC	(administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held	
A Wtr Qlty Spcst Supv		<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held	
B					
05 GOVERNMENTAL ENTITY	In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)				
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION	(This may be the same as block 4)	07 YEAR	SEE INSTRUCTIONS		
Water Quality Specialist Super		Information in Blocks 8-15 represents disclosure for the calendar year listed here:			2018
08 REAL ESTATE INTERESTS	(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>			
09 CREDITORS	(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>			
Creditor (Name and Address)		Interest Rate			
Name	Address				
10 DIRECT OR INDIRECT SOURCES OF INCOME	including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this box. <input type="checkbox"/>		(OFFICIAL USE ONLY)	
Name	Address				
Environmental Protection	[REDACTED]				
11 GIFTS	(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>			
Source of Gift	Value of Gift				
Address of Source of Gift	Circumstances (including description) of Gift				
12 TRANSPORTATION, LODGING, HOSPITALITY	(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>			
Source (Name and Address)	Value				
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS	(See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>			
Business Entity (Name and Address)	Position Held (i.e., officer, director, employee, etc.)				
The Harbor Free Methodist Church 135 Conewango Ave. Warren, PA 16365	Lead Pastor				
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT	(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>			
Name and Address of Business	Interest Held (i.e., 5%, 10%, etc.)				
Business (Name and Address)					
Transferree (Name and Address)					

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 1B Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Richard A Sheriff Current Date 2/4/2019 8:03:12 AM

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS
PLEASE PRINT NEATLY

01 LAST NAME Sheriff	FIRST NAME Richard	MI A	SUFFIX		
02 ADDRESS office (business or governmental) or home [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Area Code [REDACTED]	Phone [REDACTED]
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.					
03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)					
A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input checked="" type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	Check the block if you are amending an original filing	
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)			
04 PUBLIC POSITION OR PUBLIC OFFIC		(administrator, member, Commissioner, job title, etc.)	<input type="checkbox"/> seeking	<input checked="" type="checkbox"/> hold	<input type="checkbox"/> held
A Wtr Qlty Spcst Supv			<input type="checkbox"/> seeking	<input type="checkbox"/> hold	<input type="checkbox"/> held
B					
05 GOVERNMENTAL ENTITY		In which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A Environmental Protection					
B					
06 OCCUPATION OR PROFESSION		(This may be the same as block 4)	07 YEAR SEE INSTRUCTIONS		
Water Quality Specialist Super			Information in Blocks 8-15 represents disclosure for the calendar year listed here: 2017		
08 REAL ESTATE INTERESTS		(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>		
09 CREDITORS		(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>		
Creditor (Name and Address)		Name	Address	Interest Rate	
Name		Address			
10 DIRECT OR INDIRECT SOURCES OF INCOME		Including (but not limited to) all employment. (See instruction on pg. 2)	ONLY IF NONE, check this box. <input type="checkbox"/>	(OFFICIAL USE ONLY)	
Name		Address			
Environmental Protection		[REDACTED]			
11 GIFTS		(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>		
Source of Gift				Value of Gift	
Address of Source of Gift				Circumstances (including description) of Gift	
12 TRANSPORTATION, LODGING, HOSPITALITY		(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>		
Source (Name and Address)				Value	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS		(See instructions on page 2)	If NONE, check this box. <input type="checkbox"/>		
Business Entity (Name and Address)				Position Held (i.e., officer, director, employee, etc.)	
The Harbor Free Methodist Church				Lead Pastor	
135 Conewango Ave.					
Warren, PA 16365					
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT		(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>		
Name and Address of Business				Interest Held (i.e., 5%, 10%, etc.)	
Business (Name and Address)					
Transferree (Name and Address)					
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER					
Business (Name and Address)		(See instructions on page 2)	If NONE, check this box. <input checked="" type="checkbox"/>		
Transferree (Name and Address)				Interest Held	
				Relationship	
				Date Transferred	

The undersigned hereby affirms that the foregoing information is true and correct to best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Act, 65 Pa.C.S. §1109(b).

Signature Form electronically submitted by Richard A Sheriff Current Date 1/24/2018 8:55:01 AM

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